

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042265

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3081

FILED NOV 7 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis - CLAYTON

Length of stay in 1b

Life time

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

DOA County Hosp

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2805 St. Louis ave

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Johnnie

Middle

Last Cummings Jr

4. DATE OF DEATH

Month

Day

Year

10 - 3 - 63

5. SEX

male

6. COLOR OR RACE

negro

7. Married ☐

Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

Mar 8, 1944

9. AGE (last birthday)

19

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Johnnie Cummings Sr.

13b. MOTHER'S MAIDEN NAME

Lucie St. John

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Johnnie Cummings Jr. 2805 St. Louis

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

2 vehicle collision (passenger)

20c. TIME OF INJURY

7:00

Hour

Month, Day, Year

10/3/63

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

highway 00

20f. CITY, TOWN, OR LOCATION

St. Louis

COUNTY

Missouri

STATE

21. I attended the deceased from

DOA Co. Hosp. 8:13 pm

to and last saw her alive on

Death occurred at

DOA Co. Hosp. 8:13 pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond H. Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

10/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-8-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemet

23d. LOCATION (City, town, or county)

St. Louis Mo

(State)

24. FUNERAL DIRECTOR

A H Burlo

ADDRESS

3901 Ashland

25. DATE RECD. BY LOCAL REG.

10-7-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 4002

2 22

3

4 2

5 0

6

7 0

8 3

9 X

10

11 400

12 92-3

13

91

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyne White

Licensed Embalmer No. 4628

P. O. Address 1228 N. King Highway
13

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1003
24
20
02
E-AP

ED-3-01
1003